

Foster Family Home - Corrective Action Report

Provider ID: 1-180094

Home Name: Joy Calma, CNA

Review ID: 1-180094-3

94-734 Kaiao Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 12/30/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Home inspection made for a 3 bed re-certification. Home met all compliance requirements at the time of the home inspection. No corrective action required

Jackie Chamberlain
Compliance Manager

Joy Calma
Primary Care Giver

12/30/19
Date

12/30/19
Date